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(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. CHIEF CLERK'S OFFICE
ICE Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Choctaw Communications, Inc. d/b/a :
Smoke Signal Communications :

Application for a certificate of :
Local exchange and Interexchange authority :
To provide telecommunications services in :
the State of Illinois :

02-0114

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 75-2795543

Choctaw Communications, Inc. d/b/a Smoke Signal Communications (formerly Choctaw
Communications, L.C. d/b/a Smoke Signal Communications)

Address: Street 8700 S. Gessner

City Houston State/Zip 77074

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange
 X 13-404 Resale of Local and Interexchange *
 X 13-405 Facilities Based Local

* Applicant's predecessor, Choctaw Communications, L.C., was granted resale authority on May 5, 1999 in Docket No. 98-0628.

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

 X Part 710 Uniform System of Accounts for Telecommunications Carriers

 Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for Local
Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

☐ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document;
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Statewide for interexchange long distance. Local exchange resale provided in the service territories of Ameritech (Ameritech Illinois Metro, Inc., IL Bell Telephone Co.), Sprint (Central Telephone Co. of Illinois), and GTE/Verizon (GTE North, Inc., GTE of Illinois). Facilities-based local exchange service will be offered in the exchange areas where Ameritech will have facilities available in Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

Attachment #1

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual

☒ Corporation

☐ Partnership

Date corporation was formed November 30, 1998

In what state? Texas

☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **Attachments #2 and #3**

9. List jurisdictions in which Applicant is offering service(s). **Attachment #4**

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

 X YES NO

If YES, describe fully. See Attachment #5.

12. Has Applicant provided service under any other name?

 X YES NO

If YES, please list. The Company was initially established as a limited liability company named Choctaw Communications, L.C. and operated under that name. In addition, the Company uses the fictitious name Smoke Signal Communications in the states where it operates.

13. Will the Applicant keep its books and records in Illinois? YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

The Applicant hereby requests permission to maintain its books and records within the State of Texas pursuant to 83 Ill. Adm. Code Part 250.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **Attachment #6**

15. List officers of Applicant. **Attachment #7**

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YES NO

If YES, list entity. 1-800-Reconnex

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

 The Company will directly bill customers on a monthly basis. All customer bills will contain the Company's name, address, and toll free Customer Service telephone number, along with the invoice due date.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

All complaints can be brought to the Company's attention via its toll free Customer Service
telephone number. Customer Service personnel will immediately research the dispute raised
by the customer and will notify the customer of the outcome. Should the results of the
Company's investigation not satisfy the customer's inquiry, the Customer will be notified of its
right to seek assistance from the Commission.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

1-800-597-4130

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?
The Company will obtain written LOAs prior to switching of service.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.) **Except to the extent that specific waivers are granted.**

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **Attachment #8 contains the Company's most current financial statements.**

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

The Applicant will lease facilities space from the underlying carrier or a third party vendor to the extent necessary to offer UNE-P services from the ILEC.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Long distance service, local service and prepaid local service.

28. Will technical personnel be available at all times to assist customers with service problems?

☐ YES ☒ NO **Technical personnel will be available during normal business hours (8:00 a.m. through 5:00 p.m. CST)**

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☒ NO

The Applicant does not intend to provide payphone services.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

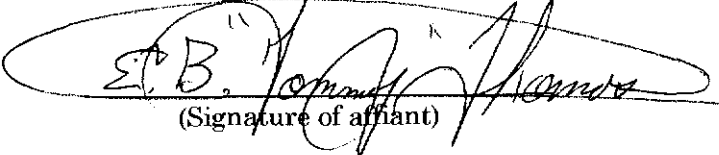
OATH

State of Texas)
County of Harris)ss

E.B. "Tommy" Thomas makes oath and says that he is Executive Vice President
(Insert here the name of affiant) (Insert the official title of the affiant)

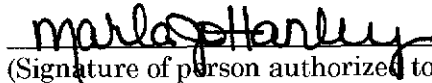
of Choctaw Communications, Inc. (d/b/a Smoke Signal Communications)
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ _____
(Title of person authorized to administer oaths)

in the State and County above named, this 30th day of January, 2002.


(Signature of person authorized to administer oath)

